

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	51	02/13/2018	COCO CABANA
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	10:26am	2:00pm
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	D	SANITARY PERMIT NO.	LOCATION (Address)
Other:	<input type="checkbox"/>	<input type="checkbox"/>		170002104	PARCELS 2 & 3 COCOS ISLAND
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
SMALL STAND			10	928-8691	2
No. of Repeat Risk Factor/Intervention Violations					RISK CATEGORY
NA					3

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Supervision			
1 IN OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 IN OUT			6
Management awareness; policy present			
3 IN OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 IN OUT N/A N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 IN OUT N/A N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 IN OUT N/A N/O			6
Hands clean and properly washed			
7 IN OUT N/A N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 IN OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 IN OUT			6
Food obtained from approved source			
10 IN OUT N/A N/O			6
Food received at proper temperature			
11 IN OUT			6
Food in good condition, safe, and unadulterated			
12 IN OUT N/A N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 IN OUT N/A			6
Food separated and protected			
14 IN OUT N/A			6
Food contact surfaces: cleaned & sanitized			
15 IN OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			
Potentially Hazardous Food (TCS Food)			
16 IN OUT N/A N/O			6
Proper cooking time and temperatures			
17 IN OUT N/A N/O			6
Proper reheating procedures for hot holding			
18 IN OUT N/A N/O			6
Proper cooling time and temperatures			
19 IN OUT N/A N/O			6
Proper hot holding temperatures			
20 IN OUT N/A			6
Proper cold holding temperatures			
21 IN OUT N/A N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 IN OUT N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 IN OUT N/A			6
Pasteurized foods used; prohibited foods not offered			
Chemical			
24 IN OUT N/A			6
Food additives: approved and properly used			
25 IN OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 IN OUT N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Safe Food and Water			
27			1
Pasteurized eggs used where required			
28			2
Water and ice from approved source			
29			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30			1
Proper cooling methods used; adequate equipment for temperature control			
31			1
Plant food properly cooked for hot holding			
32			1
Approved thawing methods used			
33 X			1
Thermometer provided and accurate			
Food Identification			
34			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 X			2
Insects, rodents, and animals not present			
36			1
Contamination prevented during food preparation, storage & display			
37			1
Personal cleanliness			
38			1
Wiping cloths: properly used and stored			
39			1
Washing fruits and vegetables			
Proper Use of Utensils			
40			1
In-use utensils: properly stored			
41			1
Utensils, equipment and linens: properly stored, dried, handled			
42			1
Single-use/single-service articles: properly stored, used			
43			1
Gloves used properly			
Utensils, Equipment and Vending			
44 X			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45			1
Warewashing facilities: installed, maintained, used; test strips			
46			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 X			2
Hot & cold water available; adequate pressure			
48			2
Plumbing installed; proper backflow devices			
49			2
Sewage and wastewater properly disposed			
50 X			2
Toilet facilities: properly constructed, supplied, & cleaned			
51			2
Garbage/refuse properly disposed; facilities maintained			
52			1
Physical facilities installed, maintained, and clean			
53 X			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign): Masae Quinata Date: 2/13/2018

DEH Inspector (Print and Sign): T. Shimizu C. Takase R. Mitchell Follow-up (Circle one): YES (NO) Follow-up Date: NA

Rev: 03/27/15

White: DPHSS/DEH Yellow: Food Establishment

EPHO I

EPHO I

EPHO II

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LOCATION (Address) PARCELS 2 & 3 COWS ISLAND
OFF MERIZO

INSPECTION DATE
02 / 13 / 2018

SANITARY PERMIT NO.
170002104

PERMIT HOLDER
COWS LAGOON DEVELOPMENT CORPORATION

[illegible]

ITEM NO.

**CORRECT
BY DATE**

A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY. PREVIOUS INSPECTION WAS DATED 5/10/10 AND THE GRADE WAS 10/A.

THE FOLLOWING VIOLATIONS WERE OBSERVED:

2	EMPLOYEE HEALTH POLICY NOT PROVIDED.
	AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE TRAINING ON PROPER RESTRICTIONS/EXCLUSIONS OF SICK EMPLOYEES.

6	OBSERVED EMPLOYEE SWITCHING TASKS WITHOUT WASHING HANDS. EMPLOYEES SHALL PROPERLY WASH HANDS TO PREVENT CROSS-CONTAMINATION.
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8 NO HANDWASHING SINK PROVIDED; ~~NO PAPER TOWELS~~ ^{IS} HOT WATER.
ADEQUATE HANDWASHING FACILITIES SHALL BE PROVIDED TO ENSURE
REGULAR AND CORRECT HANDWASHING.

11 READY TO EAT (RTE) FOODS BEING PREPARED ON A CUTTING BOARD WITH DARK STAINS AND OPEN SEAMS.
FOOD SHALL BE IN GOOD CONDITION TO PREVENT FOOD BORNE ILLNESS.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign)

Signature: Masae Quinata

Date: 2/3/2018

DEH Inspector (Print and Sign)

DEH Inspector (Print and Sign) T. SHIMIZU EPHO I / C. TAKASE EPHO I / D. M. KUTHELL EPHO II

Date: 02/13/18

White: DPHSS/DEH Yellow: Food Establishment

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME COCO CABANA		LOCATION (Address) PARCELS 2 & 3 COCOS ISLAND OFF MERIZO	
INSPECTION DATE 02/13/2018	SANITARY PERMIT NO. 170002104	PERMIT HOLDER COCOS LAGOON DEVELOPMENT CORPORATION	
ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS		CORRECT BY DATE

Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

13	ONIONS STORED DIRECTLY ON A HEAVILY SOILED SURFACE INSIDE THE CHILLER. FOOD SHALL BE PROTECTED FROM CONTAMINATION TO PREVENT FOODBORNE ILLNESS.	
14.	CUTTING BOARDS WITH ACCUMULATION OF DARK STAINS AND OPEN SEAMS BEING USED. ALL FOOD CONTACT SURFACES SHALL BE FREE OF DISCOLORATION AND OPEN SEAMS TO PREVENT FOOD CONTAMINATION.	
21	FOOD PRODUCTS SUCH AS FROZEN BEEF BATTIES WERE THAWED AND NOT PROPERLY DATE-MARKED. ALL FOOD PRODUCTS SHALL BE PROPERLY DATE-MARKED TO ENSURE PROPER DISPOSITION.	
33	NO AMBIENT OR METAL STEM TYPE THERMOMETERS PROVIDED. AMBIENT AND METAL STEM TYPE THERMOMETERS SHALL BE PROVIDED TO ENSURE FOOD PRODUCTS ARE MAINTAINED AT THE PROPER TEMPERATURE.	
35	OBSERVED COCKROACH ACTIVITY. NATURAL VENTILATION BEING USED WITHOUT PROPER SCREENING. OBSERVED GAPS TO OUTER OPENINGS IN THE DOOR AND WALL. ALL OUTER OPENINGS SHALL BE SEALED, AND #16 MESH SHALL BE PROVIDED FOR THE USE OF NATURAL VENTILATION IN ORDER TO PREVENT THE ENTRY OF PESTS. THE PRESENCE OF PESTS SHALL BE PREVENTED TO PREVENT CONTAMINATION AND THE SPREAD OF DISEASE.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Maree Quintana	Date: 2/13/2018
DEH Inspector (Print and Sign) T. SHIMIZU EPHO I / C. TAKASE EPHO I / P. HUIZAR EPHO II	Date: 2/13/18

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME COLD CABANA	LOCATION (Address) PARCELS 2 & 3 GUJISLAND OFF MERIZO
INSPECTION DATE 02/13/2018	SANITARY PERMIT NO. 170002104
PERMIT HOLDER COLD LAGOON DEVELOPMENT CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

44	THE CHILLER WAS IN DISREPAIR. ALL EQUIPMENT SHALL BE IN GOOD REPAIR AND WORKING ORDER OR REMOVED IF NOT IN USE, TO ENSURE THAT FOOD PRODUCTS ARE STORED AT THE PROPER TEMPERATURES AND TO PROMOTE PROPER AND THOROUGH CLEANING OF THE FACILITY. ALL EQUIPMENT SHALL BE CLEANED AS OFTEN AS NEEDED.	
47	HOT WATER NOT PROVIDED IN THE THREE COMPARTMENT SINK. HOT WATER SHALL BE PROVIDED IN WAREWASHING EQUIPMENT TO ENSURE PROPER CLEANING OF EQUIPMENT AND UTENSILS.	
50	FEMALE RESTROOM IS NOT FULLY ENCLOSED AND THE RECEPTACLE LACKS A FULLY COVERED LID. ALL RESTROOMS SHALL BE FULLY ENCLOSED AND HAVE FULLY COVERED RECEPTACLES TO PREVENT THE ENTRANCE OF PESTS.	
53	ADEQUATE VENTILATION NOT PROVIDED IN THE FACILITY. ADEQUATE VENTILATION SHALL BE PROVIDED TO ENSURE EMPLOYEES' ACCUMULATION OF CONDENSATION DOESN'T AFFECT FOOD PREPARATION. ADEQUATE LIGHTING NOT PROVIDED IN FACILITY. ADEQUATE LIGHTING SHALL BE PROVIDED TO ENSURE EMPLOYEES CAN PROPERLY PREPARE FOOD AND ADEQUATELY CLEAN EQUIPMENT.	
50 (WINK)	NO MESH SCREEN PROVIDED FOR NATURAL VENTILATION IN FEMALE RESTROOMS. NO 16 MESH SHALL BE PROVIDED FOR ALL RESTROOMS USING NATURAL VENTILATION (WINDOW SCREENS ^{SCREENS}) TO PREVENT PEST ENTRANCE & ENTRY.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) Masae Quinana	Date: 2/13/2018
DEH Inspector (Print and Sign) T. SHIMIZU EPHO I / C. TAKASE EPHO II / D. MICHELE EPHO II	Date: 02/13/2018

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ESTABLISHMENT NAME COCO CABANA	LOCATION (Address) PARCELS 2 & 3 WAS ISLAND OFF MERIZO
INSPECTION DATE 02/13/2018	SANITARY PERMIT NO. 170002404
PERMIT HOLDER COCK LAGOON DEVELOPMENT CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. **SINK &**

8 "CONTINUATION... HOT WATER NOT PROVIDED IN THE FEMALE RESTROOM.
HOT WATER SHALL BE PROVIDED IN RESTROOMS TO ENSURE PROPER HANDWASHING. ~~TO PREP~~

PHOTOS OF VIOLATIONS WERE TAKEN.

REMOVED "A" PLACARD
POSTED "D" PLACARD NO 00999 AND POSTED A "NOTICE OF CLOSURE" PLACARD.

ISSUED A NOTICE OF CLOSURE AND RE-INSPECTION REQUEST FORM.
AND THE SANITARY PERMIT IS HEREBY SUSPENDED DUE TO MULTIPLE VIOLATIONS.

A \$100 RE-INSTATEMENT FEE SHALL BE PAYABLE TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES AFTER A FOLLOWUP INSPECTION IS CONDUCTED AND ALL VIOLATIONS ARE CORRECTED.

DISCUSSED ABOVE INFORMATION WITH PERSON-IN-CHARGE

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

Masae Quirata

Date: **2/13/2018**

DEH Inspector (Print and Sign)

T. SKIMMEL EPHD I / C. TAYLOR EPHD I / D. MITCHELL EPHD II

Date: **02/13/18**